

THE EUGENICS REVIEW

VOL. XXXIV, No. 3

OCTOBER 1942

CONTENTS

	PAGE
Notes of the Quarter - - - - -	81
The Eugenist - - - - -	84
ROBERT GRAVES	
Infant and Maternal Mortality - - - - -	85
RICHARD M. TITMUSS	
German Eugenic Legislation in Peace and War - - - - -	91
F. J. WITTELSHOEFER	
Notes and Memoranda - - - - -	93
Reviews of Books	
ACADEMIC FREEDOM - - - - -	94
RACE - - - - -	96
GENETICS - - - - -	97
HOUSING AND POPULATION - - - - -	99
Other Notices - - - - -	99
Periodicals - - - - -	101
Correspondence - - - - -	105

The Eugenics Society is not responsible for statements made or opinions expressed by authors of articles, reviews and letters.

The EUGENICS REVIEW is regularly indexed in the *International Index to Periodical Literature*.

Published Quarterly.

London, England : Macmillan & Co. Ltd., St. Martin's Street, W.C.2.

New York : The Macmillan Co.

Price : Three Shillings per issue and Twelve Shillings per annum, post free.

Issued free to Fellows and Members.

PERIODICALS

American Journal of Physical Anthropology

June 30th, 1942. Vol. 29, No. 2.—*Physical Anthropology of the Negro.*—W. M. Cobb maintains the journal's established tradition of attention to this field of study. The article lists 412 studies, 27 from the nineteenth century, 91 from the first quarter of the twentieth and 294 more recent ones. It guides students into the bibliography of the subject and thus supplements the simultaneously published book on the Biology of the Negro, by J. H. Lewis, which aims at arranging the observed facts concerning the biology, and especially the pathology, of the Negro.

Fissural Pattern in the Brain by C. J. Connolly, *Lung Lobation in Rhesus Monkeys* by R. E. Chase, and *The Juvenile Scapula* by Hrdlička, are papers for anatomical specialists.

H. J. FLEURE.

Annals of Eugenics

May 1942. Vol. 11, Part 3.—*Studies in the classification of eye colour.*—By W. J. B. Riddell.—Samples have been classified for eye colour according to Martin's scale of artificial eyes and on a scale devised by Brownlee. Difficulties of matching were found with Martin's scale, and Brownlee's classification appeared to give different results when used by different observers. A new system has therefore been devised depending on the class of the eye in respect of three characters, the general colour, diffuse colour, and coloured spots. A three-figure code is used to describe the eye, 165 unambiguous categories being admissible. After classification of 500 individuals on the new system, it was found that mean ages were higher for the light than for the dark colour categories, and that, in any category, the ages of men were greater than those of women. This suggests that progressive changes of eye colour take place as age advances, and that women reach any given stage about 29 years earlier than men.

The three-figure code provides a more flexible and more easily applied means of description of eye colour than those previously available, but it may be doubted whether the multiplication of categories really assists the understanding of underlying hereditary or environmental causes. The ultimate criterion of the usefulness of any such system must be its relationship to these causes, and not merely the simplicity of classifying by its means; recent published work on eye colours has concentrated rather on this latter aspect than on the genetical mechanism determining the colour.

Blood group frequencies in North Wales.—By J. A. Fraser Roberts.—Records of the groups of blood donors in North Wales have been sub-

divided according to family name of the donor; the frequency of the A gene is found to be much lower among donors with Welsh than among those with non-Welsh names. More detailed analysis shows the A gene to be less common with names of North than with those of South Welsh origin, the frequency for South Wales being very similar to that for Southern England. The approach to problems of racial characteristics by means of surnames, as used in this paper, should be useful in other regions where migration has mixed the populations and in connection with many other fields of research.

On the age of onset and age at death in hereditary muscular dystrophy with some observations bearing on the question of ante-dating.—By Julia Bell.—Three different clinical groups are distinguished, all of which occur (though with different relative frequencies) in the three genetic categories of dominant, recessive, and sex-linked inheritance. These three genetic types differ markedly both in age of onset and age at death; few of the sex-linked cases survive the age of 24 years, the average age of onset being 6 years, whereas cases due to a dominant gene have an average age of onset of 19 years and age at death 50 years, recessive cases being intermediate. As with a number of other hereditary diseases, the age of onset tends to be greater for a parent than for his or her child, but the usual attribution of this to the operation of selection is upset by the discovery of a similar difference for avuncular pairs. A fuller examination of this question of "antedating," both for muscular dystrophy and for other hereditary diseases, by means of comparison of ages of onset or ages at death in successive generations, does not yield any conclusive results. It is possible that some of the differences found may be due to the selective character of incomplete knowledge in respect of ages of onset and at death for many individuals in the records.

D. J. FINNEY.

Human Fertility

December 1941. Vol. 6, No. 6.—*Recent Fertility Trends.*—By P. K. Whelpton.—The author is inclined to be less gloomy than some about the future of American population trends. Some of his deductions may be questioned but the figures given in his tables provide interesting food for thought. Table 1 gives a bird's eye view of the fertility rates during the past 140 years, based on number of children under 5 per 1,000 women of 20-44 years of age, of the white population of the U.S.A. as a whole, compared (a) with groups of states divided somewhat arbitrarily into nine "regions," and (b) with the whole Negro population of the country. The author points out how certain regions are

ahead and others behind the nation as a whole in the direction of these trends but that all follow the same general curve, and suggests that by studying the regions which are ahead the trend for the country as a whole can be roughly predicted.

The point he stresses is that these figures indicate a tendency for the decline in fertility to slow down after it reaches a certain point. Were this not so, and were the steep fall in fertility to continue as in the past (an assumption made by some), then by the end of this century the absurd position would be reached where 1,000 women would have a minus number of children!

He then makes a more detailed review of trends from 1920 to 1939 and gives a table showing the number of births in the period per 1,000 native white women (aged 15-44), divided in 5 year age-groups. The following facts emerge: The fertility of women in the older age groups (35-39 and 40-44) has declined rapidly and uninterruptedly since 1920; that of women in the younger age groups (15-19, 20-24, and 25-29) showed a rapid fall from 1930 to 1933, but from that date to 1939 rose almost as steeply though not reaching the 1920 figures. This would seem to indicate that most married couples want some children, but not large families.

This is further borne out by a table which classifies the number of births per 1,000 native white women (aged 15-49) by order of the child in the family (i.e. 1st, 2nd, 3rd—up to 8th and over). The birth rates for 1st and 2nd children show a more or less steady decline (the bottom of the curve being reached in 1933) followed by a considerable rise (the rise in birth rate for 2nd births lagging behind 1st births by 2 years or so). The birth rates for the higher birth orders (5th and over) show a steady fall—more rapid if anything in the last 10 years. Those for 3rd and 4th children have followed an intermediate course—there has been a considerable fall but it shows signs of slowing down. In the author's view unless conditions change unexpectedly birth rates for 6th and higher orders of children will continue to fall and by 1970 the birth of a 6th child will be almost as rare as the birth of twins.

Since both of these tables refer to native white women only, they do not represent what is happening in the South of the U.S.A. where large families among the negro population have been, and still are, the rule rather than otherwise. The trends are following the same lines as for the nation as a whole but are some 20-30 years behind. The N.R.R. for the nation as a whole has been below unity for some years whereas for the South it is still well over unity. Manifestly the South will make the biggest contribution to population growth for a number of years.

The author, while admitting that a rapid decrease in population is undesirable, considers that a gradual slowing down of growth followed by a more or less stationary population is likely to be

not only harmless but positively beneficial, provided that political and economic leaders realize what is happening and plan accordingly. However, to ensure a stationary rather than a falling population a population policy must be planned and adopted now.

The author suggests what fertility trends are desirable for the white population for the next 30 years, granted that a stationary population is the desired goal, and then goes on to consider briefly what means, both economic and educational, could be adopted to encourage such trends. He pleads also for better and more widespread organization for the diagnosis and treatment of sterile matings and at the same time stresses the need for the provision of sound contraceptive teaching, so that families may be properly spaced and, when necessary, limited.

February 1942. Vol. 7, No. 1.—*The Contraceptive Clinic and Preventive Medicine.*—By Alan F. Guttmacher, M.D.—Dr. Guttmacher predicts that Birth Control Clinics will play a large part in preventive medicine. He envisages the possibility that they may lead the community in "pregnancy planning." Their negative function is to give contraceptive advice for reasons of health and heredity, so as to prevent or limit maternal and foetal mortality and morbidity. As far as the mother is concerned the main indications are pregnancy toxemia with renal damage, heart disease, active tubercle, diabetes, and great multiparity.

On the foetal side, in addition to the proper spacing of births and the limitation of family size, he stresses the importance of reducing the size of the "army of irredeemables" by preventing, as far as is possible, the birth of infants likely to be the victims of hereditary taints—e.g. feeble-mindedness, the major psychoses, epilepsy, some forms of blindness and deafness, congenital malformations and erythroblastosis foetalis—or of intolerable environmental conditions.

Among the positive contributions which birth control centres can and should make to preventive medicine are the careful and repeated pelvic examination of women in the childbearing age; marriage counselling; advice on the size and spacing of families; and the diagnosis and treatment of sterility.

Planned Parenthood as a Public Health Measure for the Negro Race.—By Dorothy Boulding Ferebee, M.D.—The thirteen odd million negroes in the U.S.A. present special problems in the fields of public health and social medicine. The great majority live in the southern states in rural areas and in conditions of great poverty and considerable social backwardness. The negro death rate is 50 per cent higher than that of the white population—and the expectation of life 12 years less. The maternal death rate is twice and the neonatal death rate 2½ times that of the whites. These in

more than one sense are black figures and Dr. Ferebee stresses the urgent need to improve them. Difficulties lie in the way: the negroes themselves are ignorant and suspicious; some regard any attempt at family planning as a trick of the whites to induce them to commit race suicide; many husbands object from a superstitious fear that they will be rendered impotent; and there is objection on moral grounds, especially among the deeply religious negroes of the south. On the other hand, many negroes are pathetically eager to be helped and welcome any attempts to improve their lot.

Dr. Ferebee suggests that a planned parenthood programme for the negroes would be greatly helped, first, by utilizing the services of negro doctors and nurses (which would materially allay suspicion), and secondly, by a unified health service. Family planning would then appear to negroes in its true perspective, as part of a big effort to improve their health and socio-economic status.

Two birth control projects were set going in 1940 under the auspices of the Birth Control Federation of America to demonstrate what could be done. One urban area was chosen in Nashville, Tennessee, and a rural area in Berkeley County, S. Carolina. Both have been accepted wholeheartedly by the populations they serve, and are doing valuable pioneer work.

MARGARET C. N. JACKSON.

Journal of Criminal Law and Criminology

March-April 1942. Vol. 32, No. 6.—J. H. Conn, in an article on *The Psychiatric Treatment of Certain Chronic Offenders*, concludes that some chronic offenders are timid, fearful individuals who have experienced parental repudiation, educational failures, economic hardships and social handicaps. They lose their self-respect and deceive themselves with but little personal satisfaction and are repeatedly driven to engage in what appear to be irrational, antisocial activities in the vain hope of regaining some measure of self-esteem. He points out the futility of repeated imprisonment in this type of offender and considers that the psychiatrist can help them by extra-mural treatment to achieve a sense of personal balance and social perspective.

May-June 1942. Vol. 33, No. 1.—One of the dilemmas of prison administration in England, as elsewhere, lies in the fact that, in general, an

offender is sentenced to a definite period of imprisonment, although the judge cannot tell what the effect of detention on the offender will be as the sentence progresses. The executive, administrative and medical authorities in constant touch with the prisoner are able to form an opinion, and may come to the conclusion that as far as the prisoner is concerned further imprisonment may embitter him or affect him adversely in other directions, so that his release before the sentence expires is desirable unless society as well as the prisoner is to be harmed by its own remedy. Joseph N. Ullman, Judge of the Supreme Bench of Baltimore City, in an article on *Dead-End Justice* considers that individualization of treatment means, too, elasticity of treatment. A man committed to prison ought to be under the supervision of an administrative board that can move about from one kind of treatment to another as he responds, or fails to respond, to what is offered. Such a board must have at its disposal and under its control many and varied facilities, ranging from probation through supervised homes and small hostels where properly selected prisoners may spend their nights while they go out to work or to school by day, all the way up, or down, to maximum security punishment cells for the unruly. There must be work-camps and prison farms. And obviously, no judge can tell at the trial where in such a scheme the individual prisoner belongs, nor how long he should stay there. This must be left for determination by a treatment board, for determination initially and from time to time until the prisoner is ready for release on parole into society. It may be noted that in this country the Criminal Justice Bill, 1938, was under consideration by Parliament at the outbreak of war. It recommended sentences of Corrective Training and Preventive Detention with release on licence of persons so detained before the expiration of their sentences. The Bill also recommended Compulsory Attendance Centres at which young offenders may be required to attend at such times as will avoid interruption, so far as practicable, with their working hours and be given under supervision appropriate occupation and instruction. For offenders of not less than 16 but under 21 years of age it was also recommended that provision should be made for residence in "Howard Houses" under disciplinary conditions which will permit of their leaving the home for the purpose of employment, and such other purposes as may be prescribed by rules made under the authority of the Act.

W. NORWOOD EAST.

EUGENICS SOCIETY.

Honorary President :

MAJOR LEONARD DARWIN, SC.D.

Past Presidents :

Honorary President :

SIR FRANCIS GALTON 1908-II

SIR JAMES CRICHTON-BROWNE, M.D., D.SC., LL.D., F.R.S.	1908-1909
MR. MONTAGUE CRACKANTHORPE, K.C.	1909-1911
MAJOR LEONARD DARWIN, SC.D.	1911-1928
SIR BERNARD MALLET, K.C.B.	1929-1932
SIR HUMPHRY ROLLESTON, BT., G.C.V.O., K.C.B., M.D., D.SC., LL.D.	1933-1935

President :

THE LORD HORDER, G.C.V.O., M.D., F.R.C.P.

Chairman of Council :

B. S. BRAMWELL, M.A., F.R.S.E.

Vice-Presidents :

SIR CHARLES G. DARWIN, K.B.E., M.C.,
M.A., SC.D., F.R.S.
MRS. E. M. HUBBACK, M.A.
JULIAN HUXLEY, M.A., D.Sc., F.R.S.

THE LORD KEYNES, C.B., M.A.
PROF. R. RUGGLES GATES, M.A., PH.D., D.Sc.,
LL.D., F.R.S.

Honorary Treasurer :

C. F. CHANCE, M.A.

Honorary Librarian :

MISS E. CORRY.

General Secretary :

C. P. BLACKER, M.C., M.A., M.D., F.R.C.P.
(On Active Service)

MEMBERS OF COUNCIL.

CECIL BINNEY, B.A.
L. J. CADBURY, O.B.E.
A. M. CARR-SAUNDERS, M.A.
DR. STELLA CHURCHILL, M.R.C.S., L.R.C.P.,
THE LADY DENMAN, D.B.E. [D.P.H.]
R. AUSTIN FREEMAN, M.R.C.S., L.R.C.P.
D. GRAHAM HUTTON.
HON. MRS. GRANT DUFF.
W. T. J. GUN, F.R.HIST.S., F.S.G.

D. CARADOG JONES, M.A.
R. LANGDON-DOWN, M.B.
AUBREY J. LEWIS, M.D., F.R.C.P.
E. M. H. LLOYD, B.A.
R. MARTIN.
MRS. E. E. POTTON.
HON. JOHN STRUTT.
R. M. TITMUSS.